DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: KINDRED HEARTS OF BROWN DEER (0009744)
Address: 4015 W WOODALE AVE, BROWN DEER, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096268 End Date: 01/11/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009130 Served 02/16/2006

Deficiencies Cited Subject Area Subject Area Verified

83.21(4)(o) MEDICATIONS 83.33(2)(a) SUPERVISION

Survey ID: 0093633 End Date: 11/17/2004 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091043 End Date: 07/28/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 02/01/2006 SOD #10009130 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(o) FORFEITURE---83.33(2)(a)

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Complaint History

Date Complaint Received: 05/18/2005 Date Investigation Completed: 01/11/2006

Subject Area(s)ResultSOD #MEDICATIONSSUBSTANTIATED10009130ADMISSION, TRANSFER & DISCHARGESUBSTANTIATED10009130

Date Complaint Received: 07/09/2003 Date Investigation Completed: 07/24/2003

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED

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